

SEND COMPLETED FORM TO: The Appropriate State or EPA Regional Office.	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM		
1. Reason for Submittal (See instructions on page 9) MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: <input type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities) <input type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input checked="" type="checkbox"/> As a component of the Hazardous Waste Report		
2. Site EPA ID Number (page 10)	EPA ID Number MOD.000.6.87.4.8.3		
3. Site Name (page 10)	Name: GELI-ST. LOUIS SVC CTR		
4. Site Location Information (page 10)	Street Address: 2455 CASSENS DR		
	City, Town, or Village: FENTON	State: MO	
	County Name: ST. LOUIS	Zip Code: 63026	
5. Site Land Type (page 10)	Site Land Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
6. North American Industry Classification System (NAICS) Code(s) for the Site (page 10)	A. 81131	B.	
	C.	D.	
7. Site Mailing Address (page 11)	Street or P. O. Box: 2455 CASSENS DR		
	City, Town, or Village: FENTON		
	State: MO		
	Country: USA	Zip Code: 63026	
8. Site Contact Person (page 11)	First Name: BETTY	MI: L	Last Name: TODD
	Phone Number: 636-343-1277	Extension: 134	E-mail address: BETTY.TODD@ge.com
9. Operator and Legal Owner of the Site (pages 11 and 12)	A. Name of Site's Operator: DAVID HENKELMANN		Date Became Operator (mm/dd/yyyy): 11/29/2004
	Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
	B. Name of Site's Legal Owner: GENERAL ELECTRIC CO		Date Became Owner (mm/dd/yyyy): 04/01/1981
	Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

466358



RCRA RECORDS

14 MAR 2006

JL TAC

9. Legal Owner (Continued) Address	Street or P. O. Box: 2455 CASSENS DR	
	City, Town, or Village: FENTON	
	State: MO	
	Country: USA	Zip Code: 63026

10. Type of Regulated Waste Activity

Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 13 to 16.)

A. Hazardous Waste Activities

Complete all parts for 1 through 6.

Y ☒ N ☐ 1. Generator of Hazardous Waste

If "Yes", choose only one of the following - a, b, or c.

☐ a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or☒ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste

In addition, indicate other generator activities.

Y ☐ N ☒ d. United States Importer of Hazardous WasteY ☐ N ☒ e. Mixed Waste (hazardous and radioactive) GeneratorY ☐ N ☒ 2. Transporter of Hazardous WasteY ☐ N ☒ 3. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity.Y ☐ N ☒ 4. Recycler of Hazardous Waste (at your site)Y ☐ N ☒ 5. Exempt Boiler and/or Industrial Furnace

If "Yes", mark each that applies.

☐ a. Small Quantity On-site Burner Exemption☐ b. Smelting, Melting, and Refining Furnace ExemptionY ☐ N ☒ 6. Underground Injection Control

B. Universal Waste Activities

Y ☐ N ☒ 1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste generated and/or accumulated at your site. If "Yes", mark all boxes that apply:

	Generate	Accumulate
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
d. Lamps	<input type="checkbox"/>	<input type="checkbox"/>
e. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

Y ☐ N ☒ 2. Destination Facility for Universal Waste

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities

Mark all boxes that apply.

Y ☐ N ☒ 1. Used Oil Transporter
If "Yes", mark each that applies.
☐ a. Transporter
☐ b. Transfer FacilityY ☐ N ☒ 2. Used Oil Processor and/or Re-refiner
If "Yes", mark each that applies.
☐ a. Processor
☐ b. Re-refinerY ☐ N ☒ 3. Off-Specification Used Oil BurnerY ☐ N ☒ 4. Used Oil Fuel Marketer
If "Yes", mark each that applies.
☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

11. Description of Hazardous Wastes (See instructions on page 17.)

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D001	D007	D008	D035	F005		

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.

D007	F003	F005				

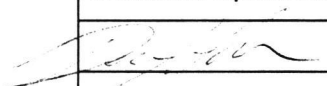
12. Comments (See instructions on page 17.)

The G&I ST. Louis Service Center's generator status is SQG.

The reason for the LQG status during the Missouri reporting year 2005 was due to the total cleanup of our varnish tank.

13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

(See instructions on page 17.)

Signature of operator, owner, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	David P. Kornman - Senior Center Manager	2/16/2006

**U.S. ENVIRONMENTAL
PROTECTION AGENCY**
2005 Hazardous Waste Report
**WASTE GENERATION
AND MANAGEMENT**
**FORM
GM**
**BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:**
SITE NAME: GETI St. Louis Svc Ctr
2455 CASSEUS DR - FENTON, Mo
EPA ID NO: MOD 000 687 483 ⁶³⁰²⁶
Instructions: Please see the detailed instructions on pages 18 to 26 of this booklet before completing this form.

Sec. 1 A. Waste description <u>Mixture - Varnish and Vinyl Solvent</u> <u>Ignitable spirit Varnish - VPI operations & tank cleanout</u>			
B. EPA hazardous waste code <u>D091 H995</u>		C. State hazardous waste code _____	
D. Source code <u>G1</u> Management Method code for Source code G25 _____	E. Form code <u>209</u>	F. Quantity generated in 2005 <u>4880.0</u>	G. UOM <u>L</u> Density _____._____ <input checked="" type="checkbox"/> lbs/gal <input type="checkbox"/> sg

Sec. 2 Was any of this waste managed on site? (pages 24 and 25) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. 3)			
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site Management Method code _____	Quantity treated, disposed, or recycled on site in 2005 _____	On-site Management Method code _____	Quantity treated, disposed, or recycled on site in 2005 _____

Sec. 3 A. Was any of this waste shipped off site in 2005 for treatment, disposal, or recycling? (pages 25 and 26) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)			
Site 1	B. EPA ID No. of facility to which waste was shipped <u>KYD 053 348 108</u>	C. Off-site Management Method code Shipped to <u>G61</u>	D. Total quantity shipped in 2005 <u>4880.0</u>
Site 2	B. EPA ID No. of facility to which waste was shipped _____	C. Off-site Management Method code Shipped to _____	D. Total quantity shipped in 2005 _____
Site 3	B. EPA ID No. of facility to which waste was shipped _____	C. Off-site Management Method code Shipped to _____	D. Total quantity shipped in 2005 _____

Comments:
Manifest 199, 192, 190, 193

WASTE GENERATION AND MANAGEMENT

FORM
GM

Sec. 1	A. Waste description Mixture thinner, MEK <i>Squatable spuit paint, paint related materials - Paint booth operations</i>					
	B. EPA hazardous waste code D001 D035			C. State hazardous waste code F003		
D. Source code LG 06 Management Method code for Source code G25 [H] [] [] []			E. Form code LW 209	F. Quantity generated in 2005 [] [] [] [] [] [] [] [] [] [] 417.0	G. UOM L Density [] [] . [] [] <input checked="" type="checkbox"/> lbs/gal <input type="checkbox"/> sg	

ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site Management Method code	Quantity treated, disposed, or recycled on site in 2005	On-site Management Method code	Quantity treated, disposed, or recycled on site in 2005
[H][][][]	[][][][][][][][][][][][][][][]	[H][][][]	[][][][][][][][][][][][][][][]

Sec. 3	A. Was any of this waste shipped off site in 2005 for treatment, disposal, or recycling? (pages 25 and 26) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)		
	Site 1	B. EPA ID No. of facility to which waste was shipped KYD 053348 108	C. Off-site Management Method code Shipped to LHL 961
Site 2	B. EPA ID No. of facility to which waste was shipped _____	C. Off-site Management Method code Shipped to LHL _____	D. Total quantity shipped in 2005 _____
Site 3	B. EPA ID No. of facility to which waste was shipped _____	C. Off-site Management Method code Shipped to LHL _____	D. Total quantity shipped in 2005 _____

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WASTE GENERATION AND MANAGEMENT

FORM
GM

Manifest 193, 180, 187

**U.S. ENVIRONMENTAL
PROTECTION AGENCY**
2005 Hazardous Waste Report
**WASTE GENERATION
AND MANAGEMENT**

 BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:

 SITE NAME: GEII ST. LOUIS SVC CTR
2455 CASSEUS DR - FENTON, MO

 EPA ID NO: MO D000 687 483 ⁶³⁰²⁶
**FORM
GM**

Instructions: Please see the detailed instructions on pages 18 to 26 of this booklet before completing this form.

Sec. 1 A. Waste description <u>Spent soap-sludge from motor & part washer, mixture of toluene, lead</u>			
B. EPA hazardous waste code <u>D008</u>		C. State hazardous waste code <u>DA07</u>	
D. Source code <u>14</u> Management Method code for Source code G25 <u>[H]</u>	E. Form code <u>319</u>	F. Quantity generated in 2005 <u>385.0</u>	G. UOM <u>L</u> Density <u>[]</u> <input checked="" type="checkbox"/> lbs/gal <input type="checkbox"/> sg

Sec. 2 Was any of this waste managed on site? (pages 24 and 25) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. 3)			
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site Management Method code <u>[H]</u>	Quantity treated, disposed, or recycled on site in 2005 <u>[]</u>	On-site Management Method code <u>[H]</u>	Quantity treated, disposed, or recycled on site in 2005 <u>[]</u>

Sec. 3 A. Was any of this waste shipped off site in 2005 for treatment, disposal, or recycling? (pages 25 and 26) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)			
Site 1	B. EPA ID No. of facility to which waste was shipped <u>KYD 053 348 108</u>	C. Off-site Management Method code Shipped to <u>[H] 061</u>	D. Total quantity shipped in 2005 <u>385.0</u>
Site 2	B. EPA ID No. of facility to which waste was shipped <u>[]</u>	C. Off-site Management Method code Shipped to <u>[H]</u>	D. Total quantity shipped in 2005 <u>[]</u>
Site 3	B. EPA ID No. of facility to which waste was shipped <u>[]</u>	C. Off-site Management Method code Shipped to <u>[H]</u>	D. Total quantity shipped in 2005 <u>[]</u>

Comments:

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**U.S. ENVIRONMENTAL
PROTECTION AGENCY**

2005 Hazardous Waste Report

**WASTE GENERATION
AND MANAGEMENT**

 BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:

 SITE NAME: GEII ST. LOUIS SVC CTR
2455 PASSEUS DR - FENTON, MO

 EPA ID NO: MO D000 687 483 ⁶³⁰²⁶
**FORM
GM**

Instructions: Please see the detailed instructions on pages 18 to 26 of this booklet before completing this form.

Sec. 1			
A. Waste description <u>Ignitable spent Diacetone alcohol - Machine cleaning mixture oil and alcohol</u>			
B. EPA hazardous waste code <u>D001</u>		C. State hazardous waste code _____	
D. Source code <u>G01</u> Management Method code for Source code G25 _____	E. Form code <u>219</u>	F. Quantity generated in 2005 _____ <u>130.0</u>	G. UOM <u>l</u> Density _____._____ <input checked="" type="checkbox"/> lbs/gal <input type="checkbox"/> sg

Sec. 2			
Was any of this waste managed on site? (pages 24 and 25)			
<input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. 3)			
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site Management Method code _____	Quantity treated, disposed, or recycled on site in 2005 _____	On-site Management Method code _____	Quantity treated, disposed, or recycled on site in 2005 _____

Sec. 3			
A. Was any of this waste shipped off site in 2005 for treatment, disposal, or recycling? (pages 25 and 26)			
<input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)			
Site 1	B. EPA ID No. of facility to which waste was shipped <u>KY D053 348 108</u>	C. Off-site Management Method code Shipped to <u>Q61</u>	D. Total quantity shipped in 2005 _____ <u>130.0</u>
Site 2	B. EPA ID No. of facility to which waste was shipped _____	C. Off-site Management Method code Shipped to _____	D. Total quantity shipped in 2005 _____
Site 3	B. EPA ID No. of facility to which waste was shipped _____	C. Off-site Management Method code Shipped to _____	D. Total quantity shipped in 2005 _____

Comments:

Manifest 188

**U.S. ENVIRONMENTAL
PROTECTION AGENCY**

2005 Hazardous Waste Report

**WASTE GENERATION
AND MANAGEMENT**

 BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:
SITE NAME: GETI ST. LOUIS SVC CTR2455 CASSEUS DR - FENTON, MOEPA ID NO: MO D000 687 483 ⁶³⁰²⁶
**FORM
GM**

Instructions: Please see the detailed instructions on pages 18 to 26 of this booklet before completing this form.

Sec. 1 A. Waste description <u>Spent blast media - sandblast operation - contains lead</u>			
B. EPA hazardous waste code <u>D007 D008</u>		C. State hazardous waste code _____	
D. Source code <u>04</u> Management Method code for Source code G25 _____	E. Form code <u>319</u>	F. Quantity generated in 2005 <u>859.0</u>	G. UOM <u>l</u> Density _____._____ <input checked="" type="checkbox"/> lbs/gal <input type="checkbox"/> sg

Sec. 2 Was any of this waste managed on site? (pages 24 and 25) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. 3)			
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site Management Method code _____	Quantity treated, disposed, or recycled on site in 2005 _____	On-site Management Method code _____	Quantity treated, disposed, or recycled on site in 2005 _____

Sec. 3 A. Was any of this waste shipped off site in 2005 for treatment, disposal, or recycling? (pages 25 and 26) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)			
Site 1	B. EPA ID No. of facility to which waste was shipped <u>IL D980 613 913</u>	C. Off-site Management Method code Shipped to <u>061</u>	D. Total quantity shipped in 2005 <u>859.0</u>
Site 2	B. EPA ID No. of facility to which waste was shipped _____	C. Off-site Management Method code Shipped to _____	D. Total quantity shipped in 2005 _____
Site 3	B. EPA ID No. of facility to which waste was shipped _____	C. Off-site Management Method code Shipped to _____	D. Total quantity shipped in 2005 _____

Comments:

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U.S. ENVIRONMENTAL
PROTECTION AGENCY

2005 Hazardous Waste Report

WASTE GENERATION
AND MANAGEMENTBEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:

SITE NAME:

GEII ST. LOUIS SVC CTR

2455 CASSEUS DR - FENTON, MO

EPA ID NO:

MOD 000 687 483

FORM
GM

Instructions: Please see the detailed instructions on pages 18 to 26 of this booklet before completing this form.

Sec. 1

A. Waste description

caustic
Lab pack - organic peroxide - expired date - liquid

B. EPA hazardous waste code

D001

C. State hazardous waste code

D. Source code

G11

Management Method code for Source code G25

H

E. Form code

W1 904

F. Quantity generated in 2005

16.0

G. UOM

L

Density

. . .

X lbs/gal ☐ sg

Sec. 2

Was any of this waste managed on site? (pages 24 and 25)

☐ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)☒ 2 No (SKIP TO SEC. 3)

ON-SITE PROCESS SYSTEM 1

On-site Management
Method code

H

Quantity treated, disposed, or
recycled on site in 2005

ON-SITE PROCESS SYSTEM 2

On-site Management
Method code

H

Quantity treated, disposed, or
recycled on site in 2005

Sec. 3

A. Was any of this waste shipped off site in 2005 for treatment, disposal, or recycling? (pages 25 and 26)

☒ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (FORM IS COMPLETE)

Site 1

B. EPA ID No. of facility to which waste
was shipped

NCD 000 648 451

C. Off-site Management Method
code Shipped to

H1 040

D. Total quantity shipped in 2005

16.0

Site 2

B. EPA ID No. of facility to which waste
was shippedC. Off-site Management Method
code Shipped to

H

D. Total quantity shipped in 2005

Site 3

B. EPA ID No. of facility to which waste
was shippedC. Off-site Management Method
code Shipped to

H

D. Total quantity shipped in 2005

Comments:

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**U.S. ENVIRONMENTAL
PROTECTION AGENCY**

2005 Hazardous Waste Report

**WASTE GENERATION
AND MANAGEMENT**
BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:SITE NAME: GEII ST. LOUIS SVC CTR2455 CASSEUS DR - FENTON, MOEPA ID NO: MOD 000 687 483 ⁶³⁰²⁶
**FORM
GM**

Instructions: Please see the detailed instructions on pages 18 to 26 of this booklet before completing this form.

Sec. 1 A. Waste description <u>Kab Pack - unused chemicals - Discontinued use - solid</u> ^{Contains Chromium}			
B. EPA hazardous waste code <u>D007</u>		C. State hazardous waste code _____	
D. Source code <u>LG 111</u> Management Method code for Source code G25 <u>11</u>	E. Form code <u>001</u>	F. Quantity generated in 2005 <u>133.0</u>	G. UOM <u>lb</u> Density _____ <input checked="" type="checkbox"/> lbs/gal <input type="checkbox"/> sg

Sec. 2 Was any of this waste managed on site? (pages 24 and 25) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input type="checkbox"/> 2 No (SKIP TO SEC. 3)			
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site Management Method code <u>11</u>	Quantity treated, disposed, or recycled on site in 2005 _____	On-site Management Method code <u>11</u>	Quantity treated, disposed, or recycled on site in 2005 _____

Sec. 3 A. Was any of this waste shipped off site in 2005 for treatment, disposal, or recycling? (pages 25 and 26) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)			
Site 1	B. EPA ID No. of facility to which waste was shipped <u>ILD 980 613 913</u>	C. Off-site Management Method code Shipped to <u>040</u>	D. Total quantity shipped in 2005 <u>133.0</u>
Site 2	B. EPA ID No. of facility to which waste was shipped _____	C. Off-site Management Method code Shipped to _____	D. Total quantity shipped in 2005 _____
Site 3	B. EPA ID No. of facility to which waste was shipped _____	C. Off-site Management Method code Shipped to _____	D. Total quantity shipped in 2005 _____

Comments:

Manifest 191